

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	2					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
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18	1					
19	1					
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40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			██████████		██████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			8			
52			7			
53			1			
54			1			
55			1			
56			1			
57	1					
58	1					
59			1			
60	1					
61			1			
62		1				
63		1				
64		1				
65	1					
66	1					
67	1					
68	1					
69	1					
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71	1					
72			1			
73			1			
74			1			
75			1			
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77			1			
78			1			
79			1			
80			1			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			██████████		██████████	

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101			1			
102			1			
103			1			
104			1			
105			1			
106			1			
107			1			
108			1			
109			1			
110			1			
111			1			
112			1			
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135			1			
136			1			
137			1			
138			1			
139			1			
140			1			
141			1			
142			1			
143			1			
144			1			
145			1			
146			1			
147			1			
148			1			
149			1			
150			1			
TOTAL IND.			10			
TOTAL DEP.			60			
TOTAL CLAIMS			70			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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152						
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198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						